

# STATE LOAN REPAYMENT PROGRAM (SLRP/MLARP)

## PART III

**APPLICATION DEADLINE: April 15, 2015**

### **PART III: SITE ELIGIBILITY APPLICATION**

**PLEASE PRINT OR TYPE**

Part III must be completed by those practices interested in employing a primary care physician, physician assistant, or medical resident who is a candidate for an award from the State Loan Repayment Program (SLRP/MLARP).

**Practices must submit one Site Eligibility Application for each proposed site where the SLRP/MLARP candidate will practice. MAKE AS MANY COPIES OF THIS FORM AS NECESSARY FOR EACH PRACTICE SITE.**

**NOTE: Primary care specialists include the following: family medicine, internal medicine, obstetrics/gynecology, women's health, pediatrics, and psychiatry.**

1. Name of SLRP/MLARP Candidate (indicate M.D./ D.O./ P.A./medical resident): \_\_\_\_\_  
SLRP Candidate's Practice Specialty: \_\_\_\_\_
2. Name of the Practice Site: \_\_\_\_\_
3. Street Address **and** County where the Candidate **will practice:**  
Address: \_\_\_\_\_  
County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Please check applicable: FQHC ☐ Group Private Practice ☐ Individual (solo) Private Practice ☐  
Public Health Center ☐ Hospital ☐  
Other (please indicate) \_\_\_\_\_
5. Is this practice site a Public Clinic or a **Non-Profit** clinic (501-C-3 certified)? ☐ Yes ☐ No  
If Non-Profit, include a copy of the non-profit certificate with this completed form. (For-profit practice site is NOT eligible for SLRP applicants; MLARP applicants may be eligible in for profit setting.)
6. Contact Person for this Practice Site: \_\_\_\_\_  
Contact's telephone (include extension): \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person's Email: \_\_\_\_\_
7. Does the Practice reduce fees for low-income persons who have limited ability to pay (sliding fee scale-SFS)?  
☐ Yes ☐ No
8. Is there a posted sign indicating the SFS in the waiting room? ☐ Yes ☐ No
9. Does the Practice have no charge or a nominal charge for those with annual incomes at or below 100 percent of the HHS Poverty Guidelines? ☐ Yes ☐ No
10. Does the Practice have a schedule of discounts for those with annual incomes above 100 percent but at or below 200 percent of the HHA Poverty Guidelines? ☐ Yes ☐ No
11. Does the practice charge for services to the extent that payment will be made by third party payers?  
☐ Yes ☐ No

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12. Please list the number of patients served by **this proposed Practice Site where the SLRP Practitioner will practice** for the most recent year for which complete data are available:

	<b><u>Number</u></b>	<b><u>Percentage</u></b>
Medicaid	_____	_____
Medicare	_____	_____
Commercial Insurance	_____	_____
Sliding Fee Scale	_____	_____
No payment (underinsured OR no insurance, AND Income below sliding fee scale)	_____	_____
Other	_____	_____
TOTAL:	_____	_____

**Additional Comments:** \_\_\_\_\_

13. Does the Practice have contracts with a least one Managed Care Organization (MCO) under contract to Medical Assistance in Maryland? Yes ☐ No ☐

If YES, please list MCO contracts: \_\_\_\_\_

### **ENSURE THE FOLLOWING ITEMS ARE ATTACHED FOR EACH SITE:**

- 1. Background information about the practice site.**
- 2. The non-profit certification, if applicable.**
- 3. A copy of the practice's brochure or marketing material, if available.**
- 4. A copy of the practice's Sliding Fee Scale and Sliding Fee Scale Policy.**
- 5. A copy of the public notice at the practice site to indicate a Sliding Fee Scale is in effect.**
- 6. Applicants Employment Contract with the Site**

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PLEASE MAIL TO:**

Temi Oshiyoye, Workforce Coordinator, Attn: SLRP Application  
Department of Health and Mental Hygiene • Prevention and Health Promotion Administration  
201 West Preston Street, 3<sup>rd</sup> floor • Baltimore, MD 21201  
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